

COMPLAINT by A PRISONER UNDER
RIGHTS ACT, 42 U.S.C. 1983

NAME WEAVER
(LAST)

WILLIE
(FIRST) (INITIAL)

PRISONER NUMBER J-91389

JW

INSTITUTIONAL ADDRESS PELICAN BAY STATE
PRISON P.O. Box 7000 CRESCENT CITY, CA.

95531.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

WILLIE WEAVER

(ENTER THE FULL NAME OF
PLAINTIFF IN THIS ACTION)

FIRST WATCH WARDEN

ASSIST WARDEN, CAPTAIN

LIEUTENANT, SERGEANT

CORRECTIONAL OFFICER

INMATES ON 05/19/08

(ENTER THE FULL NAME OF
DEFENDANT(S) IN THIS ACTION)

CASE NO.

(TO BE PROVIDED
by the CLERK OF
COURT)

COMPLAINT UNDER
THE CIVIL RIGHTS
ACT 42 U.S.C. 1983

(ALL QUESTIONS ON THIS COMPLAINT FORM
MUST BE ANSWERED IN ORDER FOR YOUR
ACTION TO PROCEED.)

1. EXHAUSTION OF ADMINISTRATIVE
REMEDIES NOTE: YOU MUST EXHAUST
YOUR ADMINISTRATIVE REMEDIES BEFORE
CLAIM CAN GO FORWARD; THE COURT
WILL DISMISS ANY UNEXHAUSTED
CLAIMS)

A. PLACE OF PRESENT CONFINEMENT P.S.U.

B. IS THERE A GRIEVANCE PROCEDURE IN
THIS INSTITUTION? YES () NO ()

C. DID YOU PRESENT THE FACTS IN YOUR
COMPLAINT FOR REVIEW THROUGH THE
GRIEVANCE PROCEDURE? YES () NO ()

D. IF YOUR ANSWER IS YES, LIST THE
APPEAL NUMBER AND THE DATE AND
RESULT OF THE - 1 - COMPLAINT

APPEAL AT EACH LEVEL OF REVIEW, IF YOU DID NOT PURSUE A CERTAIN LEVEL OF APPEAL EXPLAIN WHY,

1. INFORMAL APPEAL _____
2. FIRST FORMAL LEVEL _____
3. SECOND FORMAL LEVEL _____
- E. IS THE LAST LEVEL TO WHICH YOU APPEALED THE HIGHEST LEVEL OF APPEAL AVAILABLE TO YOU?
YES () NO (✓)

F. IF YOU DID NOT PRESENT YOUR CLAIM FOR REVIEW THROUGH THE GRIEVANCE PROCEDURE,

EXPLAIN WHY, STILL BEING
PROCESSED

II. PARTIES

A. WRITE YOUR NAME AND YOUR PRESENT ADDRESS, DO THE SAME FOR ADDITIONAL PLAINTIFF, IF ANY. WILLIE WEAVER

PELICAN BAY STATE PRISON P.O. Box 7000
CRESCENT CITY, CA. 95531.

B. WRITE THE FULL NAME OF EACH DEFENDANT HIS OR HER OFFICIAL POSITION, AND HIS OR HER PLACE OF EMPLOYMENT.

PELICAN BAY STATE PRISON FIRST
WATCH WARDEN, CAPTAIN, LIEUTENANT
SERGEANT, CORRECTIONAL OFFICERS,
INMATES' CELL 209, 110, 211, 111,

ON 05/19/08

COMPLAINT

- 2 -

STATEMENT OF CLAIM

STATE HERE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE, BE SURE TO DESCRIBE HOW EACH DEFENDANT IS INVOLVED AND HOW TO INCLUDE DATES. WHEN POSSIBLE DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES, IF YOU HAVE MORE THAN ONE CLAIM, EACH CLAIM SHOULD BE SET FORTH IN A SEPARATE NUMBERED PARAGRAPH.

ON 05/19/08 DEFENDANT(S)
INMATE IN CELL 209, 110, 211, 111
CONTINUE USING SLEEP DEPRIVATION
ON PLAINTIFF, HERE ARE WITNESSES
HAVING THE SAME PROBLEMS,
WILLOCK, CARLOS LUTS, MONTELLO,
JOHN RABE D-58062
DEFENDANT(S) SHOWED DELIBERATE
INDIFFERENCE UNDER THE EIGHT
AMENDMENT THAT CONSTITUTE
CRUEL UNUSUAL PUNISHMENT.

IV. RELIEF

YOUR COMPLAINT CANNOT GO FORWARD UNLESS YOU REQUEST SPECIFIC RELIEF. STATE BRIEFLY, EXACTLY WHAT YOU WANT ARE THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENTS, CITE NO CASES OR STATUTES.

LIABILITY DAMAGES: 50,000
FIFTY THOUSAND DOLLARS DUE TO:
HARRASSMENT, CONSPIRACY U.S.
CONSTITUTION

PUNITIVE DAMAGES: 50,000 FIFTY
THOUSAND DOLLARS DUE TO: MENTAL ANGUISH
I DECLARE UNDER PENALTY OF PERJURY
THAT THE FORGOING IS TRUE AND CORRECT.
SIGNED THIS 05 day OF 19 20 08
COMPLAINANT - 3 -

WILLIE WEAVER
J-91389 B-2-210
PELICAN BAY STATE
PRISON P.O. BOX 7000
CRESCENT CITY CA 95531

PELICAN BAY STATE PRISON
5905 Lake Earl Dr
Crescent City CA 95532

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**PELICAN BAY
P.S.U. UNIT B-2**

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